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PUBLIC HEALTH NURSING

PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PH & W GHQ SCAP APO 500

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Introduction

1. It is difficult to prepare a manual to guide in the supervision of the nurses and midwives' work here in Japan because the standards thought of are guided by American standards and the difference is very severe. It is far better, therefore, not to try to compare and expect the quality of service and efficiency from these nurses to that found in the United States.

First the system under which the Japanese nurse works makes her, as a woman, only a servant. Second the educational background is low and; third the laws under which the nurse enters the medical profession, works, studies and graduates are not only low but are not enforced and hence there are all varieties of standards. Courses are from reading books in the home and taking the prefectural examination, to three or six months in a private clinic or surgical hospital or being "farmed" out by an Association, up to a two year formal course in a hospital with one exception, that exception is St. Luke's and is the only hospital in Japan that compares to American standards. Not only will all varieties of schools and methods be found, but each one has different curricula and methods of teaching. There are often found as much as 100 hours of stretcher drill, 150 hours of Flower and Tea Ceremony compared to 10 hours of Anatomy and perhaps 5 hours of Communicable Disease. No special time is given to see that the student gets practical work on various services. No practice rooms, no laboratory and many times only one lecture room go to make up the complete teaching unit even in the larger hospitals. The so-called Government credited schools do not require a prefectural examination, but all others do and all receive the same license and are called graduates, either clinical or public health nurses or midwives. With this introduction to the nursing situation here in Japan one can understand why it is difficult to tell what the nurse in each prefecture can or should be capable of doing. She may be a St. Luke's graduate, if she is, she only needs a little guidance and help and she will do a beautiful job. She may be a public health nurse who has no conception of Public Health Nursing, her lack of knowledge of prevention, sanitation and communicable disease may even be startling. But wherever the Japanese nurse is found there will be found an eager personality who is anxious to learn and will do as she is instructed to do with a vim that will also be startling. This lack of training is not the nurse's fault -- it is the custom of the race and the belief of the system under which she lives and has no part in the making.

An outline of the duties of a Public Health nurse and the duties of a midwife are presented below. Extracts from the Imperial Ordinance which governs the midwife are also included. Later as the legislation for nurses and midwives goes before the Diet copies will be published and may be used as an annex to this paper.

All standards will be raised and there will be a National Examination for nurses and midwives. Qualifications for entrance into the schools of nursing will be sufficiently high to attract the better students and in this way an attempt will be made to raise the so-called present day nurse to the standard of a professional person.

The Model Demonstration school in Tokyo is a three year course and from this school will come leaders in nursing but it will take time.

PUBLIC HEALTH NURSING

2. What is Public Health Nursing?

Public health nursing is health teaching and nursing care given by nurses in homes, in schools, in clinics, and in factories, for the purpose of improving and protecting the health of the general population. The aim of public health nursing is to teach people their part in the prevention of serious, costly illness and unnecessary death through the use of correct health information.

3. What is a Public Health Nurse?

A public health nurse is a graduate nurse, registered to practice nursing, who teaches public health practices to individuals, and demonstrates home nursing care. Besides having an interest in people and an ability to work with them, she has completed special courses in public health to prepare her to do this work.

4. Who decides whether or not there shall be a public health nursing service?

The Ministry of Welfare and the Prefectural Office will decide whether or not there shall be a public health nursing service in a certain district.

5. Medical Guidance for Public Health Nursing.

Public health nurses depend upon medical direction in the care and instruction they give to patients. All public health measures relating to communicable disease control are dependent upon medical guidance; therefore, public health nursing programs must be in conformance with accepted modern medical practice. Public health nursing services look to medical health officers for such guidance.

6. Public Health Nursing Reaches All Economic Levels.

Public health problems are the concern of all persons in the community. The public health nurse works with all economic groups and places emphasis upon those services which influence to greatest extent the general health conditions of the community.

7. Functions of public health nurses:-

a. Acute Communicable Disease Control:

One of the responsibilities of public health nurses is to assist with the control of acute communicable diseases through demonstration of nursing care and isolation procedures. In the case of families receiving care from both agencies it is necessary for the public health nurse to work closely with the welfare workers in carrying out necessary isolation procedures.

b. Tuberculosis:

Public health nurses control tuberculosis by working closely with physicians and health officers to find newly infected persons. They instruct infected persons in the importance of continuous care and isolation, and assist persons who have recovered to become rehabilitated.

Illustration I

The value of following positive reactors to the Mantoux test as a means of case finding. A school bus driver who was being questioned on the possible source for his infection, suggested a man living in another part of the district. The public health nurse, assigned to work in that part of the district, called at the home of the man given as a source of infection and found he was sick, that he had lost considerable weight, that he had blood in his sputum, and that his sister had died of tuberculosis eight years previously. The nurse made arrangements for medical examinations for the man and his family, and within a short time he was in the sanatorium. This man's mother, being a resident of a neighboring district was referred to the district public health nursing service of that district so that she would be encouraged to have a medical examination.

Illustration II

The value of continuous health supervision for persons who have had active tuberculosis. A man who had received sanatorium treatment for several years, having had his chest x-rayed every year as a part of the health supervision, this year was found to have the disease again. Fortunately for his family, however, no tubercle bacilli were found in his sputum. Because the man did not make satisfactory progress at home, he returned to the sanatorium. The members of this patient's family have been under close medical supervision all the time the patient was in the home. The district nurse made visits to teach the wife how to prevent the spread of the infection and to encourage proper food and rest for all members of the family.

When nursing supervision is provided in the home certain tuberculous patients may be discharged earlier from the sanatorium than otherwise, thus reducing costs for sanatorium care of hospitalization.

c. Venereal Diseases:

Venereal disease problems, whether they occur singly or coincident with other health problems, are worked out cooperatively with the physician, the medical health authorities, and the district welfare board.

d. Summary of Communicable Disease Control:

- (1) Public health nurses will participate with the welfare workers in the control of communicable diseases among the families in need:
 - (a) Nursing care of the sick is either provided or taught to responsible members of the family.
 - (b) Isolation procedures are taught.
 - (c) Living conditions and special needs due to health problems are discussed with the welfare worker.
 - (d) Other special problems are solved cooperatively with welfare workers, physicians, and public health authorities.
- (2) Welfare workers may assist the public health nurse in the control of communicable diseases by:
 - (a) Reporting suspected or diagnosed cases among the welfare clients to the district public health nurses as well as to the official health authorities.
 - (b) Interpreting community health programs to welfare clients.
 - (c) Assisting with dissemination of authentic public health information to welfare clients.

e. Maternal Health:

Medical and nursing supervision of all women during the antenatal, natal, and postnatal periods are recognized as valuable means of promoting good health in the mother and the newborn.

- (1) In cooperating with the district welfare worker in maternity health supervision, the public health nurse will report to the welfare board all antenatal cases which are in economic need so that medical care may be secured as early in pregnancy as possible. She will visit maternity cases that are reported to her by the Welfare worker to teach antenatal hygiene, to assist with preparations for deliveries, to demonstrate treatment ordered by the physicians, and to provide or supervise nursing care of the mothers and infants during and after deliveries.
- (2) Welfare workers may assist the public health nurse in the maternal health program by:

- (a) Referring to the nurse all expectant mothers of new babies, who are registered with the welfare board.
- (b) Supplying the minimum of sterile supplies which are essential to safe nursing care when a client is to be delivered at home.
- (c) Encouraging women to attend maternal and child health classes that are taught by the public health nurses.

Illustration I

A public health nurse convinced an expectant mother to place herself under the care of a physician without further delay. The mother had neglected to make the necessary arrangements with the district welfare and township boards for medical care, home delivery, or clothes for the baby, until the nurse had helped her to understand the benefit this care would be to herself, to the new baby, and to her family.

Illustration II

Another mother in the same district was given help by the same nurse with plans for a home delivery and with recipes for cooking liver that her physician had advised.

f. Infant and Pre-School Hygiene:

(1) The public health nurse will assist with the program for health supervision of infants and preschool children as worked out cooperatively with the local medical and dental societies, the district welfare boards and the nursing committees. This service should include a plan for supervising and teaching nutrition, habit training, general hygiene and sanitation in the homes, and arranging for protection against diphtheria and smallpox.

(2) The district welfare workers may extend the infant and pre-school health program to the children of families registered with that board by:

(a) Encouraging parents who have health problems among their young children to take advantage of the public health nursing service.

(b) Referring babies and pre-school children who have particular health problems to the public health nurse. Examples:
(1) Mothers who do not follow the physician's instructions may need demonstration from the nurse. (2) Families with a communicable disease may need demonstrations on nursing care and isolation procedures.

(c) Interpreting the need for and the methods of protecting the infants and pre-school children against diphtheria, smallpox, whooping cough, measles, and the "common cold".

Through their continuous teaching and demonstrating, public health nurses keep parents aware of the urgency and also keep them up to date in the possibilities of protecting their very young children against infections brought into homes by older persons. Plans for intelligent feeding and habit training are more readily carried out when parents are encouraged from time to time by the public health nurse.

Illustration I

A public health nurse reports that many young mothers ask her for government bulletins on child care, and that a group of mothers in her part of the district have asked for a class on the care of mothers and young children.

Illustration II

A public health nurse visited a seventeen-day old baby being cared for in a foster home. Because the baby was having a serious discharge from both eyes, the district nurse got in touch immediately with the doctor, and upon his advice, she helped arrange hospital care for the baby.

g. School Hygiene:

(1) One of the important functions in a school health service is the correction of physical defects among children whose families cannot provide private medical care. These problems should be reported to the district welfare board for individual investigation. When private agencies' funds are available for correction of defects, it is advisable that the plan for using such funds be worked out jointly by the nursing committee and the welfare board in order to avoid duplications and to extend the facilities of the local agencies.

(2) The welfare worker may augment the school health services by:

(a) Conferring with the school nurse on plans that have been started from correction of physical defects.

(b) Acquainting the school nurse with social conditions in the home that may have a bearing upon the physical and mental health of the child.

(c) Collaborating with the school administration on plans for supplemental food.

(3) The public health nurses cooperate with parents and teachers to improve the health of school children.

Illustration I

A school nurse reports that the school health service sent a letter to the parents of all children in a grade that had been exposed to scarlet fever. This letter told parents what symptoms are characteristic of scarlet fever, and suggested that parents inspect their children every morning for signs of illness so that they would not send a sick child to school. The school nurse visited the home of the sick child to show the mother how to give nursing care and how to protect other members of the family.

Illustration II

Another school nurse cites several types of school health activities that she arranged for during one month: A total of 655 pupils from forty-two schools were given the tuberculin test. Of the 36 children who reacted positively, 29 of them had chest x-rays before the end of the month. In one village community, a diphtheria immunization program resulted in 91% of the pupils being protected. Three pupils with very poor vision were found by the nurse during inspections; a child, whose physician recommended removal of tonsils, was referred to the Red Cross for financial aid.

h. Adult Hygiene:

The health of adults is another major concern of the public health nursing service. Through their visits in home and schools, and through group teaching, public health nurses have many opportunities to encourage grown-ups to seek medical care before their "ailments" become serious.

Illustration I

A public health nurse reports that she found a mother very despondent and worried since the death of her husband. After consulting the family physician and being told that the mother had very high blood pressure, the nurse and a member of the nursing committee arranged for help in the home so that the mother could have the extra rest she needed.

Illustration II

A school and city nurse states that she worked with the Red Cross Chapter to arrange for cream, milk, and eggs to be supplied to a person suffering from a peptic ulcer.

i. Morbidity Service:

When bedside nursing is included as a part of the public health nursing service, the nursing needs of welfare clients will be discussed with the district welfare board. The nurse works under the direction of the attending physician and when the nursing requirements in the family exceed the period of time which the public health nursing agency can give, the public health nurse will confer with the welfare board regarding other arrangements.

(1) A public health nurse who is carrying out nursing procedures in the homes on a visit basis should be responsible for teaching a member of the household or attendant how to carry out simple nursing care during the nurse's absence. When relief clients are discharged from the hospital, the public health nurse will make a home visit if the physician indicates that the patient requires some nursing care, or instruction and supervision in carrying out the attending physician's recommendations.

(2) The district welfare worker may utilize the public health nursing service for giving nursing care to the acutely ill client if bedside nursing is a part of the public health nursing program in that particular district.

Since the general policies of district nursing services allow for demonstration of nursing care, the welfare workers may refer families who require such services to the nursing service.

Illustration I

During one day a public health nurse had occasion to teach the others in two homes how to give nursing care to children sick with scarlet fever, and how to prevent the disease from spreading.

Illustration II

A public health nurse, in answering the calls given by a committee member, had occasion to convince a 92-year-old man to go to the hospital for treatment for his infected legs.

j. Crippled Children's Service:

The public health nurses work closely with the district welfare board to see that instructions are carried out, especially with regard to keeping appliances in place, the use of physiotherapy, and keeping hospital or clinic appointments. Transportation and other costs necessary to keep crippled children under medical care are referred to the district welfare board.

Illustration I

A district nurse makes brief mention of visiting in a home to urge the parents to keep appointments at the hospital for their child who was having treatments for a cleft palate. This visit stood out in the mind of the nurse because she found the mother, complaining of cataracts in both of her own eyes, was too frightened to go to a physician for treatment.

Illustration II

A public health nurse states that at the suggestion of a teacher, she made a call in behalf of a crippled child who was beginning school. The mother was very sensitive about the child's condition and pointed out the fact that her two younger children had the same physical abnormalities as the school child.

Application papers for treatment at the hospital were explained to the parents by the nurse and the mother was encouraged by special books and pamphlets given to her and to the teacher.

k. Nutritional Aspects:

Since families in the lower economic levels with health problems require special help in planning for their nutritional needs, a close working relationship between the welfare and public health agencies of the community is essential in order to safeguard and improve health conditions. For example: A family in which there is an expectant or nursing mother, an infant, or a case of tuberculosis, diabetes, or other debilitating illness may require increased budget allowance in order to secure the food that is required.

l. Mental Hygiene:

Public health nurses recognize the need for mental hygiene in their contacts with certain families. Families in financial need or having other social problems, frequently exhibit exaggerated emotional instabilities which require the combined efforts of the medical, nursing, and welfare agencies. Patients with a mental illness before admittance and after discharge from a hospital may require health supervision in the home by a public health nurse.

m. Home Environment:

Instruction in home hygiene and sanitation as it influences the health of the individual and the community, is emphasized by the public health nurses in all homes. Safety in the home is an important phase of this instruction. When harmful conditions exist in the home environment that cannot be remedied by the families, the public health nurses will direct the families to the proper sources for the necessary corrections.

8. Conclusions

Effective service to the community based upon sound preventive medicine and public health practice should be the factor guiding public health nurses and welfare workers in solving individual and community health problems. While these principles apply in general to all health problems, social and economic conditions frequently necessitate individual consideration. The solution of problems involving the joint administration of welfare and public health programs required cooperation between these agencies.

The public health nurse exerts a continuous stimulation to community interests in knowing how to recognize and how to correct conditions that are real community health hazards.

Midwives

In Japan quite different from America the Midwives do not work in connection with Health Department or under supervision of Doctors. They rate as individuals and independent of any agency. Their responsibility is therefore very different from the American midwife.

The midwife makes the contact or initial visit by request of family. The midwife should:

1. Do Urinalysis
2. Blood Pressure
3. Kahn's are done if indicated, by the doctor.
4. Pelvic examination in order to determine the baby's relative size, position and presentation before labor begins.
5. Give constant care during labor to comfort the mother, reassure her, and protect her from fatigue, fear, injury, infection, and unnecessary suffering.
6. Examination and observation to learn and watch the condition of mother and baby after delivery.

Extract taken from Imperial Ordinance:

Art. VII.

A midwife shall, when she detects anything abnormal in a pregnant woman, a woman in labour or in childhood, a foetus, or a living child, cause the person concerned to call in medical aid and shall not take any measures herself in the matter; this rule, however, does not hold in case of first-aid measures.

Art. VIII.

A midwife shall not, with respect to a pregnant woman, a woman in labour or in childhood, a foetus, or a living child, perform any surgical operation, use of obstetrical instruments, administer medicines, or give directions therefore: this rule, however, does not apply to such acts as disinfection, excision of the umbilical cord, and making rectal injections.

Art. IX (1)

A midwife shall not put a person who is not inscribed in a midwives' register in complete charge of a pregnant woman, a woman in labour or in childhood, a foetus, or a living child.

Art. IX (2)

A midwife shall not without personal examination issue a certificate of stillbirth or certificate of examination of a dead foetus.

Art. X

In the event of a midwife being guilty of abortion or any other offence connected with her profession or of any offence for which penalty is not less than imprisonment, the local governor may prohibit her practice or suspend it for a term not exceeding one year; the same rule holds in the case of an offence committed prior to the inscription in the midwives' register.